

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. GDI-2

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ACNE VACCINE

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Timothy H. Van Dyke, Reg. No. 43218

Gerard H. Bencen, Reg. No. 35746

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Direct Telephone Calls To:

Timothy H. Van Dyke
407-228-0328

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Jack Gauldie Citizenship: _____

Residence: 1200 Main Street West, Hamilton, Ontario, Canada

Post Office Address: Same

Inventor's Signature _____

Date _____

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**

ATTORNEY DOCKET NO. GDI-2

Full Name of Inventor: Todd Braciak Citizenship: _____

Residence: 1200 Main Street West, Hamilton, Ontario, Canada

Post Office Address: Same

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b)) -- INDEPENDENT INVENTOR**

Docket Number (Optional)
GDI-2

Applicant, Patentee, or Identifier: Jack Gauldie et al.

Application or Patent No.: _____

Filed or Issued: 12/21/2000

Title: ACNE VACCINE

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
the application identified above.
the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non-profit organization under 37 CFR 1.9(e).

Each person concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such persons, concerns, or organizations exist.
Persons, concerns, or organizations are listed below:

Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Jack Gauldie

NAME OF INVENTOR

Todd Braciak

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Date

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.